

The University of the State of New York THE STATE EDUCATION DEPARTMENT

Telephone # of Report Preparer:

E-mail Address:

Project Funding Dates:

PROPOSED BUDGET FOR A **FEDERAL OR STATE PROJECT** FS-10 (03/15)

= Required Field

9/30/2024

End

	Local Age	ncy Information		
Funding Source	e: ARP ESSER FUND	s		
Report Prepared By	y: Mary Ann Exler			
Agency Name	Rush-Henrietta Central School			
Mailing Address	s: 2034 Lehigh Stati			
		Street		
	Henrietta	NY	14467	
	City	State	Zip Code	
	City	State	Zip Code	
hone # of Preparer: 585-35	59-5033	County: Mon	roe	
Address: mexical	r@rhnet.org			

INSTRUCTIONS

Submit the original FS-10 Budget and the required number of copies along with the completed application directly to the appropriate State Education Department office as indicated in the application instructions for the grant program for which you are applying. DO NOT submit this form to Grants Finance.

3/13/2020

Start

- The Chief Administrator's Certification on the Budget Summary worksheet must be signed by the agency's Chief Administrative Officer or properly authorized designee.
- An approved copy of the FS-10 Budget will be returned to the contact person noted above. A window envelope will be used; please make sure that the contact information is accurate and confined to the address field without altering the formatting.
- For information on budgeting refer to the Fiscal Guidelines for Federal and State Aided Grants at http://www.oms.nysed.gov/cafe/guidance/.

		Subtotal - Code 15	\$5,665,000
Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
faintain operation and continuity of ervices and employ existing staff #20			
OTE Teachers at Secondary Schools	16.00	\$75,000	\$1,200,000
Music Teachers at Secondary Schools	13.00	\$75,000	\$975,000
Art Teachers at Secondary Schools	9.00	\$75,000	\$675,000
Business Teachers at Secondary Schools	5.00	\$75,000	\$375,000
Fechnology Teachers at Secondary Schools	9.00	\$75,000	\$675,000
20% Reserve for learning loss			
Addressing the impact of lost nstructional time #16			
Remote Learning Academy Teachers	14.00	\$75,000	\$1,050,000
AIS Math Specialists at Primary Schools	4.00	\$75,000	\$300,000
Social Emotional Learning Planning Days	50 days	\$300/day	\$15,000
Summer Reading Program Teachers	1750 hours	\$40/hour	\$70,000
Intersession Tutors at SHS (School Breaks)	250 hours	\$40/hour	\$10,000
Study Hall Tutors at Senior High School	3000 hours	\$40/hour	\$120,000
Afterschool Tutors at Junior High Schools	3000 hours	\$40/hour	\$120,000
Afterschool Tutors at Intermediate Schools	2000 hours	\$40/hour	\$80,000

	Employee Benefits	
	Subtotal - Code 80	\$1,025,508
Benefit Social Security 7.65% on \$3,900,000 (#20)		Proposed Expenditure
		\$298,350
Retirement	New York State Teachers 10%	\$390,000
	New York State Employees	
	Other - Pension	
Health Insurance		\$25,635
Worker's Compensation		
Unemployment Insurance		
Other(Identify)		
Social Security 7.65% on \$1,765,	000 (#16)	\$135,023
New York State Teachers 10%		\$176,500

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	\$5,665,000
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	\$1,025,508
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	======
Gran	nd Total	\$6,690,508
CHIEF ADMINISTRA		

Agency Code: 261701060000
Project #: 5880-21-1400
Contract #:
Agency Name: Rush-Henrietta Central School District

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal (or State) award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Date

S/gnature

Name and Title of Chief Administrative Officer

FOR DEPARTMENT USE ONLY		
Funding Dates:	From	То
rogram Approval:	Dat	e:
Fiscal Year	First Payment	Line #
Voucher #	Fi	rst Payment

Finance:	Logged	Approved	MIR
		5	0/4.4/00

12:53 PM

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